

No. 300
10.48
FILED JUN 10 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19094

H.S. Davis 1930

BIRTH NO. _____ **REG. DIST. NO.** 338 **PRIMARY REG. DIST. NO.** 450 **Registrar's No.** 29

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield	
c. LENGTH OF STAY (In this place)		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) MARGARET		a. (First) E. b. (Middle) BOLIN c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr. 20, 1950
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1863
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Michigan
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Andrew Macky		13b. MOTHER'S MAIDEN NAME Matilda Dowson	14. NAME OF HUSBAND OR WIFE J.A. Bolin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Junita Watson, Bloomfield, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER - LUNGS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CANCER LEFT CHEEK AREA DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-1, 1950, to 4-1, 1950, that I last saw the deceased alive on 4-1, 1950, and that death occurred at 3:30 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Doctor or title) H.S. Davis M.D.		23b. ADDRESS Bloomfield	23c. DATE SIGNED 4-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY South Pleasant Valley	24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
DATE REC'D BY LOCAL REG. May 31-50	REGISTRAR'S SIGNATURE Rose Webber	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 5 19
District Health Office
District File Number 650
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, & by Lulu

Cooper # 3499

~~XXXXXXXXXXXX~~ No.

working under my personal supervision.

~~Student~~.....
~~Student Embalmer~~

Signed Juan C. Cooper
Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.